

## PAREL APPLICATION OF OUR REMARKS FROM DE

## 09591565

| TOTAL CLAWS  |                    |  | BAT                | E FEE              | 1 1         |                     | FE           |
|--|--------------------|--|--------------------|--------------------|-------------|---------------------|--------------|
| FOR  | NUMBER FILED       | NUMBER EXTR  | A BASIC            | TEE G              | 1 13/3/     | SUHIT 7             | 40           |
| TOTAL CHARGEABLE: CLAIMS   | าว กุลานุธ 20      | )= · · · · ·                                       | XS                 | 9=                 | GR          | X\$18=              |              |
| INDEPENDENT CLAIMS   | minus 3            | =  | X42                | 2=                 | OR.         | X84=                |              |
| MULTIPLE DEPENDENT CLAIM   | PRESENT            |  | +14                | 0=                 | OR          | -280 <i>=</i>       |              |
| * If the difference in column 1 is   |                    | nter "0" in column                                 | 2 to:              | AL                 | i ca        | TOTAL               | - · · · · ·  |
| • If the difference in column in   |                    |  | *.                 |                    | <del></del> | OTHER T             |              |
|  | AMENDED - P        | An Fili<br>Joluma 2) <u>(Colu</u> l                | 181 (B) S40        | 1. 1. 1. 12. 12 TY | ica.<br>⊣ir | STALL EL            | X  <br>      |
| the state of the s |                    | NUMBER PROS  |                    | 10<br>AAPTI (11)   | L           |                     | ./-<br>Tb.   |
| REMAINING AFTER  | PF                 | REVIOUSLY EXT                                      | RA                 | FEE                |             |                     | _ [          |
| AMENDMEN Total 29  | Minus              | 22 = "   | 7 xs               | 9= 1630            | DOR         | X\$18=              | : ·.         |
| Total  Independent  Independent  | Minus              | . 3 - 1  | 43                 |                    | .   '       | X84=                |              |
| FIRST PRESENTATION OF  | MULTIPLE DEPEN     | DENT CLAIM   |                    | 40=                | OR          | +280=               |              |
|  |                    |  |                    |                    | _ j         | TOTAL               | <u>ن</u> ـــ |
|  |                    |  |                    | T: FEE 106         | Λ :         | ADDIT, FEE          |              |
| (Column  | 1)                 | Column 2) (Column 2)                               | umn 3)             | Fee Paul           |             |                     | <u> </u>     |
| m CLAIMS REMAININ  | IG I               | NUMBER PRE   | SENT R             | ATE TION           | AL          | RATE                | ٦            |
| AFTER AMENDME  | \$545.Ca351.895.54 | PAID FOR   |                    | FEE                |             | X\$18=              | T            |
| V Total *  | Minus              | =  |                    | \$ 9=              | OR          |                     | -            |
| Total *  Independent *   | Itaniao            | = =====================================            | <del></del> _    × | (42=               | OR          | X84=                | +            |
| FIRST PRESENTATION O   | F MULTIPLE DEPE    | NDENT CLAIM  |                    | 149=               | OR          | +280=               |              |
|  |                    |  | L                  | TOTAL<br>DIT. FEE  | OR          | TOTAL<br>ADDIT: FEE |              |
|  |                    | 0) (0)   | olumn 3)           | )11. 1 CC          |             |                     |              |
| (Column<br>CLAIM   |                    | HIGHEST  | TEGENT.            | - AD               |             |                     |              |
| REMAIN - AFTE  | ING                | PREVIOUSLY I                                       | RESENT<br>EXTRA    | RATE TIO           |             | RATE                |              |
| AMENDM   | ENT .              | PAID FOR   |                    | ×\$ 9="            | oi          | X\$18=              |              |
| Total *  Independent *  Independent *  | Minus              | **************************************             |                    |                    |             | V04=                | ===          |
| Independent 4 FIRST PRESENTATION   | Minus Minus        | ENDENT CLAIM                                       | 一二十                | X42===             | O           |                     |              |
| FIRST PRESENTATION   |                    | 72   |                    | +140=              | 0           |                     | _            |
| المراجعة الم |                    | nn 2, write "0" in colum<br>S SPACE is less than 2 |                    | TOTAL              |             | D.,ADDIT.F          |              |